

## CHAPTER 12

### SECTION 2.1

# TRICARE OVERSEAS PROGRAM (TOP) - COSTS AND UNIFORM HMO BENEFITS

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Authority: [32 CFR 199.17](#)

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#### I. POLICY

A. Services and supplies which otherwise fall within the range of TRICARE benefits, including enhanced benefits, prescription drugs and durable medical equipment which are not specifically excluded by 32 CFR 199 may be cost-shared under the TRICARE Overseas Program (TOP) when:

1. The diagnosis or description of illness supports the reasonableness of the procedure and is commonly accepted practice in a host country or region:
2. A nonavailability statement (NAS) is submitted with a claim for nonemergency inpatient care when the beneficiary resides within an overseas catchment area (usually a 40-mile radius) of a Uniformed Services Medical Treatment Facility (USMTF), when applicable. The requirement for NAS does not apply to TOP Prime enrollees and is replaced with an authorized referral from the PCM.

*NOTE: Overseas catchment areas for USMTFs outside the United States are defined in the Catchment Area Directory Overseas, or maps provided by the Military Departments. A NAS issued by a USMTF outside the United States will not be valid for care received in a civilian facility within the United States. Also, a NAS issued by a USMTF inside the United States will not be valid for care received in a civilian facility outside the United States.*

B. Waiver of rigid application by the TOP contractor of the requirements for processing/review of claims has been granted by the TMA, Director to overcome variations between U.S. standards of health care practice and standards of health care practice in foreign countries. Examples of these variations are: 1) prescription drugs and durable medical equipment do not require Food and Drug Administration (FDA) approval for cost-sharing; 2) TOP foreign providers, network and non-network are not required to meet the TRICARE provider certification requirements for certification; 3) cost-sharing of prescription ordered mud baths; or 4) charges from ambulance companies for driving physicians to accidents or private residence.

C. Payment/processing of TOP claims will follow the procedures outlined in the Operations Manual, (TRICARE Procedures Manual).

D. Copayments under the TOP shall be as follows:

1. TOP Standard services and supplies rendered to TOP enrollees under the TOP Standard are subject to the deductibles, copayments and cost-shares set forth in [32 CFR 199.4](#), for basic benefits and [32 CFR 199.5](#) for benefits available overseas under the Program for Persons with Disabilities.

2. Services and supplies rendered to TOP Prime enrollees will have copayments and deductibles waived for dates of service on or after October 1, 1997.

3. Waiver of copayments and deductibles under TOP Prime are subject to review and updating based on enrollment status. See [paragraph II.](#) for additional information on the benefits and costs under the TOP.

## II. BENEFITS AND BENEFICIARY PAYMENTS UNDER THE TRICARE OVERSEAS PROGRAM (TOP) BEGINNING OCTOBER 1, 1997.

*NOTE 1: The beneficiary payments in this attachment shall be applied beginning FY 1996 and continue until revised.*

### A. TOP Prime Annual Enrollment Fees:

TRICARE OVERSEAS PROGRAM PRIME		
ACTIVE DUTY FAMILY MEMBERS		RESERVED
E1 - E4	E5 & ABOVE	
None	None	Reserved

### B. TOP Standard Program Annual Deductible:

Applies to all outpatient services, does not apply to the TOP Prime:

TRICARE OVERSEAS STANDARD PROGRAM		
ACTIVE DUTY FAMILY MEMBERS		RETIREES, THEIR FAMILY MEMBERS AND SURVIVORS
E1 - E4	E5 & ABOVE	
\$50 per Individual \$100 Maximum per Family	\$150 per Individual \$300 Maximum per Family	\$150 per Individual \$300 Maximum per Family

*NOTE 2: These charts are not intended to be a comprehensive listing of all services covered under the TOP. All care is subject to review for medical necessity and appropriateness.*

C. Outpatient Overseas Services:

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)			
TRICARE BENEFITS	TRICARE OVERSEAS PROGRAM PRIME		TRICARE OVERSEAS STANDARD PROGRAM
TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS		
	E1 - E4	E5 & ABOVE	
<b>INDIVIDUAL PROVIDER SERVICES</b> Office visits; outpatient office-based medical and surgical care; consultation, diagnosis and treatment by a specialist; allergy tests and treatment; osteopathic manipulation; medical supplies used within the office including casts, dressings, and splints.	None	None	<b>Active Duty Family Members:</b> Cost share--20% of the allowable charge.  <b>Retirees, their Family Members and Survivors:</b> Cost share--25% of the allowable charge.
<b>LABORATORY AND X-RAY SERVICES</b>	None	None	
<b>ROUTINE PAP SMEARS</b> Frequency to depend on physician recommendations.	None	None	
<b>AMBULANCE SERVICES</b> When medically necessary as defined by this Policy Manual and the service is a covered benefit.	None	None	
<b>EMERGENCY SERVICES</b> Emergency and urgently needed care obtained on an outpatient basis, both network and non-network, and in and out of the Region.	None	None	

C. Outpatient Overseas Services: (Continued)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)			
TRICARE BENEFITS	TRICARE OVERSEAS PROGRAM PRIME		TRICARE OVERSEAS STANDARD PROGRAM
TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS		
	E1 - E4	E5 & ABOVE	
<b>DURABLE MEDICAL EQUIPMENT (DME), PROSTHETIC DEVICES, AND MEDICAL SUPPLIES PRESCRIBED BY AN AUTHORIZED PROVIDER WHICH ARE COVERED BENEFITS</b> (If dispensed for use outside of the office or after the home visit.)	None	None	<b>Active Duty Family Members:</b> Cost share--20% of the allowable charge.  <b>Retirees, their Family Members and Survivors:</b> Cost share--25% of the allowable charge.
<b>HOME HEALTH CARE</b> Part-time skilled nursing care, physical, speech & occupational therapy, medical supplies, DME, portable x-ray, and drugs when medically necessary and which are covered benefits.  <i>NOTE: There is a single copayment for the home health visit and all related services and supplies.</i>	None	None	
<b>FAMILY HEALTH SERVICES</b> Family planning and well baby care (up to 24 months of age). The exclusions listed in this Policy Manual will apply.	None	None	

C. Outpatient Overseas Services: (Continued)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)			
TRICARE BENEFITS	TRICARE OVERSEAS PROGRAM PRIME		TRICARE OVERSEAS STANDARD PROGRAM
TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS		
	E1 - E4	E5 & ABOVE	
<b>OUTPATIENT MENTAL HEALTH</b> Medical necessity required. Authorization required for 9th and subsequent visits per fiscal year.	None	None	<b>Active Duty Family Members:</b> Cost share--20% of the allowable charge.  <b>Retirees, their Family Members and Survivors:</b> Cost share--25% of the allowable charge.
<b>PRESCRIPTION DRUGS</b>	None	None	
<b>AMBULATORY SURGERY (same day)</b>	None	None	<b>Active Duty Family Members:</b> \$25.  <b>Retirees, their Family Members and Survivors:</b> 25% of the allowable charge.
<b>IMMUNIZATIONS (See NOTE 3:)</b> Immunizations required for active duty family members whose sponsors have permanent change of station orders to overseas locations.	None	None	<b>Active Duty Family Members:</b> Cost-share 20% of the allowable charge.  <b>Retirees, their Family Members and Survivors:</b> Not covered under TOP Standard.
<b>EYE EXAMINATIONS (See NOTE 3:)</b> One routine examination per year for family members of active duty sponsors.	None	None	<b>Active Duty Family Members:</b> Cost-share 20% of the allowable charge.  <b>Retirees, their Family Members and Survivors:</b> Not covered under TOP Standard.
NOTE 3: Additional immunizations and eye examinations are covered under the TRICARE Overseas Program Prime “clinical preventive services”. See Chapter 12, Section 8.1.			

D. Inpatient Overseas Services :

BENEFICIARY COPAYMENT/COST-SHARE			
TRICARE BENEFITS	TRICARE OVERSEAS PROGRAM PRIME		TRICARE OVERSEAS STANDARD PROGRAM
TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS	RETIREES, THEIR FAMILY MEMBERS & SURVIVORS	
<b>HOSPITALIZATION</b> Semiprivate room (and when medically necessary, special care units), general nursing, and hospital service. Includes inpatient physician and their surgical services, meals including special diets, drugs and medications while an inpatient, operating and recovery room, anesthesia, laboratory tests, x-rays and other radiology services, necessary medical supplies and appliances, blood and blood products. Unlimited services with authorization as medically necessary.	None	Not Available	<b>Active Duty Family Members:</b> Per diem charge (\$25 minimum charge per admission).  <b>Retirees, their Family Members and Survivors:</b> Per diem copayment or 25% cost-share of billed charges for institutional services, whichever is less, plus 25% cost-share of allowable for separately billed professional charges.
<b>MATERNITY</b> Hospital and professional services (prenatal, postnatal). Unlimited services with authorization as medically necessary.	None	Not Available	
<b>SKILLED NURSING FACILITY CARE</b> Semiprivate room, regular nursing services, meals including special diets, physical, occupational and speech therapy, drugs furnished by the facility, necessary medical supplies, and appliances. Unlimited services with authorization as medically necessary.	None	Not Available	<b>Active Duty Family Members:</b> Per diem charge (\$25 minimum charge per admission).  <b>Retirees, their Family Members and Survivors:</b> 25% cost-share of billed charges for institutional services, whichever is less, plus 25% cost-share of allowable for separately billed professional charges.

D. Inpatient Overseas Services (Continued):

BENEFICIARY COPAYMENT/COST-SHARE			
TRICARE BENEFITS	TRICARE OVERSEAS PROGRAM PRIME		TRICARE OVERSEAS STANDARD PROGRAM
TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS	RETIREES, THEIR FAMILY MEMBERS & SURVIVORS	
<b>INPATIENT MENTAL HEALTH</b> (When medically necessary with authorization).	None	Not Available	<b>Active Duty Family Members:</b> Per diem charge (\$25 minimum charge per admission).  <b>Retirees, their Family Members and Survivors:</b> Per diem cost share, that varies according to the facility or 25% cost-share of allowable charges for institutional services, whichever is less, plus 25% cost-share of allowable for separately billed professional charges.

E. Point Of Service :

TRICARE BENEFITS	TRICARE OVERSEAS PROGRAM PRIME		TRICARE OVERSEAS STANDARD PROGRAM
TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS	RETIREES, THEIR FAMILY MEMBERS & SURVIVORS	
Applies to all non-emergency inpatient and outpatient services received by enrollees without Lead Agent authorization or from a non-network provider without Lead Agent authorization unless specifically excepted.	<b><u>Deductible:</u></b> \$300.00  <b><u>Individual:</u></b> \$600.00 family	Not Available	Point of Service Option does not apply to TOP Standard beneficiaries.
<b>NOTE 4:</b> TRICARE/CHAMPUS Reimbursement will be limited to 50% of the billed/allowed charges.			

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